



# Board of Clermont County Commissioners

## Application for Employment

Position  
Applied  
For:

Name: \_\_\_\_\_

Current  
Address

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

All prior  
addresses  
for the past  
seven years:

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Attach  
additional  
sheet if  
necessary.

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who should we contact in case of emergency?

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Driver's License State and Number:

State: \_\_\_\_\_

Number: \_\_\_\_\_

Are you at least 18 years of age? Yes: ☐ No: ☐ Date you're available? \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to a felony? Yes: ☐ No: ☐

If yes, explain:

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into consideration.

Have you ever worked for any City, Municipality, Township, County, or State Agency or Department?

Yes: ☐ No: ☐ If yes, give all Departments/Agencies worked for, dates worked and reasons

for leaving: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE-FOR ADMINISTRATIVE USE ONLY**

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Received By: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clermont County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

AN EQUAL OPPORTUNITY EMPLOYER

Are you presently employed? Yes: ☐ No: ☐

If yes, may we contact your present employer? Yes: ☐ No: ☐

Person to Contact: \_\_\_\_\_ Contact Ph. Number: (\_\_\_\_) \_\_\_\_\_

If we cannot contact your present employer, please explain why not: \_\_\_\_\_

Are you related to anyone currently employed by Clermont County? Yes: ☐ No: ☐

If yes, please give the relative's name, department or agency where employed, and relationship to you: \_\_\_\_\_

Are you on layoff and subject to recall from an employer? Yes: ☐ No: ☐

If yes, please explain situation: \_\_\_\_\_

Does your current employer require you to continue working for that employer, or restrict your activities for any length of time after leaving your current employer? Yes: ☐ No: ☐ N/A: ☐

If yes, until what date? \_\_\_\_\_

Are you prevented from becoming lawfully employed in this County because of immigration or visa status?  
Yes: ☐ No: ☐ (Proof of citizenship or immigration status is required by federal law upon employment)

Have you ever been dismissed or asked to resign from any employment position for any reason?  
Yes: ☐ No: ☐ If yes, please explain: \_\_\_\_\_

Can you perform the essential functions of the position for which you have applied?  
Yes: ☐ No: ☐ If no, please explain: \_\_\_\_\_

Are you under any Court Order to pay child support? Yes: ☐ No: ☐

Are you current in your child support payments? Yes: ☐ No: ☐ N/A: ☐

If under Court Order what State and County issued the Court Order?  
State: \_\_\_\_\_ County: \_\_\_\_\_ Order No. \_\_\_\_\_

### Personal Reference Page

Give the names of at least four references, not related to you, who you have known for at least two years.

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

Name:					Length of time known:				
Address:									
	Street		City		County		St.	Zip	
Phone No.	(      )				Occupation:				

### Applicant Employment History

List below all previous employers for the last fifteen years beginning with the current or most recent employer.  
Attach additional pages in the same format if needed.

Employer Name: _____					
Address: _____					
Phone No.	Street ( )	Beginning Salary:	City	County	St. Zip
				Ending Salary:	
Position Held: _____		From: _____	To: _____		
Reason for Leaving: _____					
What did you like best about the job? _____					
What did you dislike most about the job? _____					

Employer Name: _____					
Address: _____					
Phone No.	Street ( )	Beginning Salary:	City	County	St. Zip
				Ending Salary:	
Position Held: _____		From: _____	To: _____		
Reason for Leaving: _____					
What did you like best about the job? _____					
What did you dislike most about the job? _____					

Employer Name: _____					
Address: _____					
Phone No.	Street ( )	Beginning Salary:	City	County	St. Zip
				Ending Salary:	
Position Held: _____		From: _____	To: _____		
Reason for Leaving: _____					
What did you like best about the job? _____					
What did you dislike most about the job? _____					

Employer Name: _____					
Address: _____					
Phone No.	Street ( )	Beginning Salary:	City	County	St. Zip
				Ending Salary:	
Position Held: _____		From: _____	To: _____		
Reason for Leaving: _____					
What did you like best about the job? _____					
What did you dislike most about the job? _____					

### Applicant Educational History

List below your education and training history  
Attach additional pages in the same format if needed.

**High School:**

Address:

Street

City

County

St.

Zip

Phone No.

( )

Course of Study:

Did you Graduate?

Yes:

☐

No:

☐**College:**

Address:

Street

City

County

St.

Zip

Phone No.

( )

Course of Study:

Did you Graduate?

Yes:

☐

No:

☐**Graduate School:**

Address:

Street

City

County

St.

Zip

Phone No.

( )

Course of Study:

Did you Graduate?

Yes:

☐

No:

☐**Vocational/Technical:**

Address:

Street

City

County

St.

Zip

Phone No.

( )

Course of Study:

Did you Graduate?

Yes:

☐

No:

☐**Other:**

Address:

Street

City

County

St.

Zip

Phone No.

( )

Course of Study:

Did you Graduate?

Yes:

☐

No:

☐

Please list any skills, training, or experience that would qualify you for the position applied for:

### **Applicant's Certification and Agreement**

Please read the following statements carefully

I understand that if I am applying for any position with the Clermont Transportation Connection, for the Position of Auto Mechanic 1, Auto Mechanic 2, or Auto Mechanic 3, or for any position which requires me to have and maintain a valid Commercial Driver's License (CDL) to be used in the course of my employment that I will be subject to Random Drug and Alcohol Testing and other medical testing as required by the DOT/FTA, FHWA, and/or State and local laws, rules, regulations, ordinances, or policies. \_\_\_\_\_ (Initial)

I agree to take any lawful medical examination required by the County upon receiving a conditional offer of employment from the County, or after I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I further understand that Clermont County requires a drug test for illegal substances, and that Clermont County will not hire any applicant who tests positive or refuses to consent to pre-employment drug testing. I further understand that an employee who tests positive for illegal drugs or alcohol usage during working hours on the basis of reasonable suspicion, or who refuses to consent to drug and alcohol testing is subject to discharge. \_\_\_\_\_ (Initial)

I authorize investigation of my credit, driving, complete criminal and employment history as required by Clermont County as a condition of my being hired, or, if I am hired, as a condition of my continued employment. I release all persons or companies conducting any lawful investigation from any liability. \_\_\_\_\_ (Initial)

I also agree to take any lawful honesty detection examination and I release all persons or companies conducting such honesty detection examination or any other examination from any liability. \_\_\_\_\_ (Initial)

I certify that the facts contained in this application are true and that I personally completed this application. I further understand that, if I become employed, any false information I may have provided on this application shall be grounds for my dismissal. I also understand that I am required to abide by all rules and regulations of Clermont County. \_\_\_\_\_ (Initial)

Print Name: \_\_\_\_\_

\_\_\_\_\_ Social Security Number

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**Clermont County Human Resources Department**  
**Affirmative Action/Equal Employment Opportunity Data Sheet**

In compliance with Federal and State Equal Employment Opportunity laws, Clermont County is required to collect and report data on all applicants/employees. The responses given will be held **confidential and separate from the submitted employment application**. You are not required to complete this form; however, we would appreciate your answers to the following:

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Title of Position Applied For/Date \_\_\_\_\_

Age 40 or older? ☐ Yes ☐ No ☐ Male ☐ Female

**ETHNIC CATEGORY (check one)**

- ☐ **American Indian or Alaskan Native** All persons having origins in any of the original peoples of North America.
- ☐ **Asian or Pacific Islander** All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.
- ☐ **Black (not of Hispanic origin)** All persons having origins in any of the Black racial groups.
- ☐ **Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.
- ☐ **White (not of Hispanic origin)** All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.
- ☐ **Other** (Specify) \_\_\_\_\_

If you wish to identify yourself as a person with disabilities, veteran with disabilities or a Vietnam veteran, please check the appropriate spaces below.

- ☐ **A qualified Disabled Individual who** 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is qualified to perform a particular job with reasonable accommodation to his/her disability.
- ☐ **A Qualified Disabled Veteran** 1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is qualified to perform a particular job with reasonable accommodations to his/her disability.
- ☐ **A Vietnam Era Veteran** 1) a person who a) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than dishonorable discharge, or b) was released from such active duty for a service-connected disability, and 2) a person who was discharged/released within 48 months prior to an alleged violation of the Act and/or the regulation issued thereunder on July 26, 1976.

How did you learn of the position(s) applied for?

- ☐ JTPA ☐ TV/Radio ☐ Friend/Relative ☐ Newspaper ☐ Ohio Bureau of Employment Services
- ☐ Professional/Trade Association ☐ Walk In ☐ County Web Site ☐ Other \_\_\_\_\_  
Please Specify